WV/EFT-5 REV. 6/03

# West Virginia State Tax Department

# Electronic Funds Transfer Application

	New Change Taxpayer CApplication ID Number			ange Name r Address		Change Bank Account No.		Change Bank Transit or Routing No.		Withdrawl		
A C C O U N T	TAXPAYER ID BUSINESS NAME ADDRESS											
C O N T A C T	EFT Conta	act Persor Address: Telephone				E-Mail:						
T A X T Y P E S	Consumer Sale & Direct Pay 04201  Health Care Provider 16066  Business & Occupation 04603  Solid Waste 12096		Corporate Net Income 02095  Surface Mining Reclamation 08813  Cigarette/ Tobacco 07208  Soft Drink 07609	Busin Franct 0208 Timb Severa 0868 Gasol Excit 0516 Severa 0868	nise er er ence 04 ine se 60	Purchase	502 om- cions 3 oline dealers 50	Other (Specification)	fy)		Personal Income Annual 01080  Personal Income Estimated 01290  Personal Income Bill Payments 01075	
	Complete Either Debit Section or Credit Section											
ACH Debit - Taxpayer calls West Virginia Tax Department Pay-by-Phone System  I hereby authorize the State of West Virignia, hereinafter called STATE, to initiate debit entries and to initiate, if necessary credit entries as adjustments for any entries in error into my bank account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to debit the same any amount(s) owed by me to the State of West Virignia. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it. The use of an EFT PIN will be required to convey my instructions for each transaction. The EFT PIN may be used by me or by my agent.  Bank Account Number  Transit/Routing Number (See Reverse)  Type of Account:  Checking  Bank Account Name												
Authorized Signature Title				•			Savings	Гг	Date			
, ratiforized digitation									Jale			
*A voided check for the bank account indicated above MUST accompany this application												
ACH Credit - Taxpayer initiates through own bank  I have contacted my bank and confirmed the bank can initiate Automated Clearing House credit transactions that meet West Virginia State Tax Department requirements. For verification the West Virginia State Tax Department may contact:												
Name of Bank Ba					Bank Cont	ank Contact Person T					Telephone No.	
I hereby request the West Virginia State Tax Department grant authority for the above named taxpayer to initiate Automated Clearing House transactions to the State of West Virginia's electronic funds transfer account. I understand these must be in the NACHA CCD+ format using the Tax Payment (TXP) Convention and may only be initiated for the tax types that have been registered for EFT payments with the West Virginia State Tax Department.												
Authorized Signature					Title	Title						

# APPLICATION FOR ELECTRONIC FUNDS TRANSFERS INSTRUCTIONS

## Account Information:

- Indicate if the application is to begin electronic funds transfers or to make a Tax Identification Number change, a name or address change, or if you wish to withdraw from the program.
- You must submit separate applications for personal and business taxes.
- You must submit a separate application for each Tax Identification Number.
- If this is a business application, it must be the full twelve digit account number (FEIN + the 3 digit state adjustment code).
- If the application is for Personal Income Tax, you need only your 9 digit social security number.
- Enter the business name as it appears on the business license. Individuals should enter last name first.
- Enter the complete mailing address.

## Tax Type Information:

- Mark only those taxes you wish to pay by EFT.
- If you wish to pay a tax not listed, check other and list the taxes you wish to pay.

#### ACH Debit:

- Clearly print the bank account number the fund will be withdrawn from
- Enter the bank routing number. (See sample check below)
- · Indicate whether the account is savings or checking
- PRINT the name on the bank account
- The signature of a person authorized to make withdrawals from this account. Unsigned applications will be returned.

## ACH Credit:

- Provide the name of the bank that will be making your transfers, along with the name and telephone number of a person at the bank who can be contacted if problems arise with your transfer.
- Be sure to sign the return; unsigned applications will be returned.

#### Contact:

• Indicate the name, address, telephone, and email address of the person to contact if there are problems with your application and/or transfers.

# Submitting the Application:

Mail the completed application to:

West Virginia State Tax Department RD-EFT PO Box 11895 Charleston, WV 25339-1895

Upon approval of your application, you will be provided with complete instructions for how and when to begin submitting electronic funds transfers.

# **Depositor Account Information** Sample Check: 2259 19 880 Pay to the order of: Anytown Bank Center, 1A Street, Anytown USA 80000 Anytown Bank National Association (303) 000-0000 VOID 12345671 1: 10 50000 3Pt; 101 2259 Transit and Routing Number Bank Account Number Check # 102000076 1011234567